## **Physician Clinical Quality Indicators**

Indicator Title	Clinical Intent	Category	Strength of Recommnedation	Source	Recommendation	Phase I	Phase II
with pharyngitis	pharyngitis receive appropriate testing for streptococcus within a clinically appropriate timeframe.	•	8	HEDIS	В	•	
THE ASSESSMENT AND DIAGNOSIS OF COPD*	To ensure that all members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) receive an appropriate spirometry test to confirm the diagnosis within a clinically appropriate timeframe.	Diagnosis	B	HEDIS	В	V	
Use of Narrow Spectrum Antibiotics for Patients with Acute Streptococcal Pharyngitis	TO CITE OF CHILD CONTROL OF CONTR	Disease Management	B	Adapted from HEDIS.	В	,	
	To ensure that members with persistent asthma receive medication appropriate for long term control of asthma.	Disease Management	A (inhaled corticosteroid or inhaled corticosteroid combos) B (other cases of medication (i.e., most cell stabilizers, leukotriene modifiers, methylxanthines)	HEDIS	Α .	*	
Beta Blocker Persistence Following a Heart Attack	To ensure that members who have been discharged alive from an acute inpatient setting with an AMI receive an adequate supply beta blocker medications over a predefined time period.	Disease Management	A (Treatment for MI) C (Physician Impact on Adherence)	HEDIS	А	•	7 7
Diabetic Retinal Exam*	To ensure that all diabetic members ages 18-75 receive at least 1 retinal or dilated eye exam during the measurement year.	Disease Management	В	HEDIS	В	•	
CHILDHOOD IMMUNIZATION: MEASLES, MUMPS, AND RUBELLA {MMR}*	To ensure that all children 24 months and younger receive their MMR vaccination at the clinically appropriate timeframe.	Prevention	A	HEDIS	A	•	
CHILDHOOD IMMUNIZATION: VARICELLA-ZOSTER VIRUS (VZV)*	To ensure that all eligible children 24 months and younger receive their VZV vaccination at the clinically appropriate timeframe.	Prevention	A	HEDIS	A	•	
Giycosylated Hemoglobin (HbA1c) test for Diabetics*	To ensure that all diabetic members ages 18-75 receive at least 1 glycosylated hemoglobin test during the measurement	Prevention	В	HEDIS	В	•	
Treatment of Cardiovascular conditions: monitoring lipid levels*	To ensure that members with cardiovascular conditions receive lipid leve monitoring at a clinically appropriate frequency.	2º prevention	A	HEDIS		~	
Colorectal Cancer Screening*	To ensure that members 50–80 years of age received appropriate screening for colorectal cancer.	Primary Prevention	A	HEDIS	A	•	
MAMMOGRAPHY SCREENING*	To ensure that all eligible women age 40- 69 receive a mammography screening test during the measurement year or year prior.	Screening	A (50 to 69) B (40 to 49)	HEDIS	A (50 to 69)	•	
CERVICAL CANCER SCREENING*	To ensure that all women ages 21-24 receive a cervical cancer screening test during the measurement year or the 2 years prior.	Screening	A	HEDIS	A	•	

LDL monitoring for diabetes*	To ensure that all members with diabetes receive LDL monitoring at a clinically appropriate frequency.	Screening	B (for most adults with diabetes) C (for adults with low-risk lipid values [LDL < 100 mg/dl, HDL > 50 mg/dl, and triglycerides <150 mg/dl])	HEDIS	В	.✔	
Medical attention for diabetic nephropathy*	To ensure diabetic members ages 18-75 receive a diabetic nephropathy screening test during the measurement year.	Screening	B .	HEDIS	В	•	
Osteoporosis screening following fracture*	To ensure that women age 51 or older who experience a fracture receive a bone mineral density (8MD) test or pharmacotherapy for osteoporosis during the 6 months after the fracture.	Screening	<b>A</b>	HEDIS	B	•	
Inappropriate Use of Antibiotics for Upper Respiratory Infections (URI)	To ensure that children diagnosed with nonspecific upper respiratory infections are not being inappropriately treated with antibiotics.	Disease Management	B	Adapted from HEDIS.	В		•
Appropriate Use of Antibiotics for Patients with Acute Otitis Media for Children 2 Months - 12 Years	To ensure that all eligible members with a diagnosis of acute otitis media receive the appropriate first line antibiotic treatment.	Disease Management	В	нві	В		•
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	To ensure that all members with rheumatoid arthritis have had at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug (DMARD).	Disease Management	A	HEDIS	Α		•
Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	To ensure that members without comorbidity diagnosed with bronchitis are not being inappropriately treated with antibiotics.	Utilization	A	HEDIS	А		•
Pneumococcal Vaccine for the Elderly and Other High Risk Groups	To ensure that all the elderly and other high risk members receive a pneumococcal vaccination.	Prevention	A	нві	В		•
Follow-up after initial Diagnosis and Treatment of Colorectal Cancer: Colonoscopy	To ensure that all eligible members who have been newly diagnosed with colorectal cancer receive follow up colonoscopy within 15 months after resection.	Disease Management	Α	нві	В		•
Annual Visual Field Tests for Patients with Primary Open Angle Glaucoma	To ensure that all members diagnosed with primary open angle glaucoma receive an annual visual field test.	Disease Management	A	нві	В		. •
Radiation Therapy Following Breast Conserving Surgery	To ensure that all eligible women who underwent breast conserving surgery receive follow up radiation therapy within a clinically appropriate timeframe.	Disease Management	A	нві	А		•
Lipid Level monitoring for patients receiving ISOTRETINOIN (ACCUTANE)	To ensure that all members who were initiated on oral isotretinoin (Accutane) receive pretreatment and follow-up lipid monitoring tests.	Disease Management	A	HEDIS	В		•
Statin Treatment for Members with Diabetes	To ensure that all members with diabetes ages 40 years and older filled at least 1 prescription for a statin (HMG-CoA reductase inhibitor) during the measurement year.	Prevention	Α	нві	A (type II diabetes milletus) B (type I diabetes milletus)		·
Childhood Immunizations: DTaP/DT	To ensure that all eligible children receive their diphtheria, tetanus, and pertussis vaccination within a clinically appropriate timeframe.	Prevention	Α	HEDIS	Α		*

leart Failure		Disease Management	A	HBI (Adapted from ACC/AMA	A (Class C Heart Failure [Symptomatic HF] with reduced LVEF)	
	timeframe.			/ NQF guidelines )	B (Class A Heart Failure [At risk of HF]) B (Class B Heart Failure [Structural abnormality but no symptoms]) C (Class C Heart Failure [Symptomatic HF] with normal LVEF) C (Class D Heart Failure [End-stage refractory HF])	•
Acquired Pneumonia: General	To ensure that all members diagosed with community acquired pneumonia received first line antibiotics in the outpatient setting.	Disease Management	A	НВІ	В	•
Chronic Kidney Disease: Monitoring Calcium	To ensure that members with chronic kidney disease, but who are not on dialysis are monitored for blood calcium levels at least annually.	Disease Management	A	National Kidney Foundation In Kidney Disease Outcome Quality Initiative Guideline /Adapted by HBI	В	•
Chronic Kidney Disease: Monitoring Parathyroid Hormone (PTH)	To ensure that members with chronic kidney disease, who are not undergoing dialysis, are monitored for PTH levels at least once annually.	Disease Management	A	National Kidney Foundation Kidney Disease Outcome Quality Initiative Guideline /Adaptet by HBI	В	•
Chronic Kidney Disease: Monitoring Phosphorus	To ensure that members with chronic kidney disease but who are not on dialysi are monitored for blood phosphorus leve at least once annually.	Disease s Management	A	National Kidney Foundat n Kidney Disease Outcom Quality Initiative Guidelir /Adapte by HBI	e B	•
Osteoporosis screening for Patients on Systemic Corticosteriods	To ensure that members who filled prescriptions for 180 day supply of systemic corticosteroids receive osteoporosis screening or treatment.	Medication Monitoring	A	нві	В	•
Risk Adjusts Obstetric Complications: Perineal Trauma after Vaginal Delivery			A			•

Retinopathy	To ensure that members diagnosed with diabetic retinopathy receive follow up visits with an eye care professional at least annually.	Disease Management	A	НВІ	В	:	•
Therapy for New Starts on	To ensure that eligible members receiving anti-hypertensive pharmacotherapy are initially treated with a thiazide diuretic	Disease Management	A	HBI	Α		
Angiotensin Converting Enzyme 1 Inhibtors, Angiotensin Receptor Blockers Use, and/or Diuretics	To ensure that all members who received diuretics, angiotensin converting enzyme (ACE) inhibitors, and/or angiotensin receptor blockers (ARB) receive appropriate laboratory monitoring at least annually.	Medication Monitoring	A	HEDIS	<b>B</b>		<b>V</b>
Appropriate work up Prior to Endometrial Ablation Procedure	To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation.	Disease Management	A	НВІ	В		<b>v</b>
Appropriate use of Anitbiotics for Patients with Acute Sinusitis	To ensure that all eligible members with a diagnosis of acute sinusitis receive the appropriate first line antibiotic treatment.	Disease Management	A	НВІ	В		v
Inhaled corticosteriods as Frist Line Treament of Asthma	To ensure that all members identified as taking adjunctive treatments for asthma (i.e., methylxanthines, cromolyn sodium, nedocromil, leukotriene modifiers, long acting beta-2 agonist) are also on an inhaled corticosteroid as a first line agent.	Disease Management	A	HBI	A		
Giaucoma Screening in Older Adults	To ensure that all members 67 years and older receive screening for glaucoma at least every 2 years	Screening	A	HEDIS	B		•
Chronic Kidney Disease: Lipid Tests	To ensure that all eligible members identified as having chronic kidney disease (CKD) receive a lipid test at a clinically appropriate frequency.	Disease Management	A	НВІ	В		V
Pharmacologic Management of Migraine Headaches	To ensure that members with moderate to severe migraine without contraindications receive recommended first line therapy (i.e., tryptans, dihydroergotamine [DHE], and ergotamine) prior to rescue medications such as butalbital-containing analgesics, or opiate analgesics.	Disease Management	A	НВІ	B		~
Pharmacological Treatment of Osteoporosis	To ensure that all members with osteoporosis or fragility fractures received appropriate pharmacologic therapy.	Disease Management	A	HBI/ AMA Consortiu m	В		~
Prenatal Screening: Screening for HIV in Early Pregnancy	To ensure that all pregnant members are screened for HIV.	Prevention	A	НВІ	Α		•
Follow-up examination after diagnosis and treatment of skin cancers	To ensure that all members who have been diagnosed with skin cancer receive the appropriate follow up at least annually.	Disease Management	A	ны	В		<b>,</b>
Hepatic Enzyme Monitoring for Statin Use After Initiating Therapy	To ensure that eligible members newly initiated on statin therapy receive baseline liver function tests.	Medication Monitoring	A	нві	В		~
Visual Field Test for Patients with Suspected Glaucoma	To ensure that eligible members diagnosed with suspected glaucoma receive a visual field test at the clinically appropriate frequency.	Screening	A	нві	В		•

<sup>\*</sup> Indicated Measures that have Physician Self reporting capabilities